

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **10-089232**  
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	4						
TOTAL DEP.	34						
TOTAL CLAIMS	38						
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TOTAL CLAIMS							

**BEST AVAILABLE COPY**